Effective on 12/08/2004.					Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).										
FEE TRANSMITTAL					ation Number	 	10/534,449			
For FY 2009					Date	11/22/2005				
					First Named Inventor		Tjitze METER Saeed T. Chaudhry			
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name		Cnaudni	гу		
TOTAL AMOUNT OF PAYMENT (\$) 555.00					Art Unit 1792					
TOTAL AMOUNT OF PAYMENT (\$) 555.00 Attorney Docket 0470 - 051457										
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order Other (please identify):										
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES										
					Entity Small Entity					
Application Type	<u>ree (\$)</u>	<u>Fee (\$)</u>	Fee (\$) F	ee (\$)	Fee (\$)	Fee (\$)		Fees P	<u>aid (\$)</u>	
Utility	330	82	540	270	220	110				
Design	220	110	100	50	140	70			annundum un markententententententententententententente	
Plant	220	110	330	165	170	85			***************************************	
Reissue	330	165	540	270	650	325		·		
Provisional	220	110	0	0	0	0				
2. EXCESS CLAIR	M FEES							77 (0)	Small Entity	
Fee Description Fee (S)									<u>Fee (\$)</u> 26	
Each claim over 20 (including Reissues) 52 Each independent claim over 3 (including Reissues) 220									110	
Each independent claim over 3 (including Reissues) Multiple dependent claims								390	195	
Total Claims	- 20 or HP	Extra Claims	Fee (e)	Fee Paid (\$)		n.		ependent Claims	
- = X			-	=	ree raid (a)		17	Fee (\$)	Fee Paid (\$)	
HP = highest number	of total claims paid	for, if greater than						Authoritania		
Indep. Claims	- 3 or HP	Extra Claims	Fee (<u>(\$)</u>	Fee Paid (\$)					
	*	= -	_ x _.	=						
HP = highest number	•	ims paid for, if grea	ter than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under										
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
See 35 U.S Total Sheets				ach add:	tional 50 or fro	otion thoron	f Fee	(2)	Fac Paid (2)	
Total Sheets - 100 = Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = (round up to a whole number) x =										
4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): 3-inth Extension									555	
SUBMITTED BY	111	/ >	, ,	Re	gistration No.					
Signature	Huse	ude Di	tubell	(A	ttorney/Agent)	50,261	Telepho	one 41	2-471-8815	
Name (Print/Type) Alexande	r Detschelt					Date	Augu	st 25, 2009	